

**Consolidated Grant Program
Equipment Status / Final Report Form**

This report is required within sixty days of the final disbursement of awarded funds, but no later than sixty days after the end of the grant period. The funded item/project shall be completed and operational at the time this form is signed and returned.

Agency Name:	Grant #:
Agency Address:	Grant Cycle: 01/01/06 - 12/31/06
	Agency FIN: number is required
	Phone Number:
Signature	Title

Please number each item listed:

No. ____	Item description:
	Serial Number (if applicable):
	Location item housed at:
No. ____	Item description:
	Serial Number (if applicable):
	Location item housed at:
No. ____	Item description:
	Serial Number (if applicable):
	Location item housed at:
No. ____	Item description:
	Serial Number (if applicable):
	Location item housed at:
No. ____	Item description:
	Serial Number:
	Equipment/Project Status:
	Location item housed at:

** This page can be duplicated as necessary**
Provide project description on back.

Virginia Office of Emergency Medical Services
Virginia Department of Health

Description of Completed Project:

Please describe in detail the item/project funded by the Consolidated Grant Program. Please indicate how this funding impacted your agency and the services provided.

[illegible]